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APPLICANTS Donna L. Liva	ant, Ann Arbor, MI;						
** FOREIGN APPLI	ATA ***********************************	****	ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged yes yes no Met after Allowante Examiner's Signature Initials		MI	SHEETS DRAWING 7	CLAI	TOTAL INDEPENDEN CLAIMS CLAIMS 24 2		
ADDRESS MEDLEN & CARRO Suite 350 101 Howard Street San Francisco, CA9					·		
TITLE Methods and compo	ositions for the enhanceme	ent of wound healing				· · · · · · · · · · · · · · · · · · ·	
	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:			☐ All Fees ☐ 1.16 Fees (Filing)			
RECEIVED No				1.17 Fees (Processing Ext. of time)			
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